

## VASECTOMY

### Introduction

---

A vasectomy is the most performed urological procedure worldwide. The vas deferens (tubes that carry sperm from the testicle to the urethra) are cut and separated, resulting in permanent sterilisation.

### What are the alternatives?

---

1. Female
  - a) Oral contraceptive pill
  - b) Progesterone implant
  - c) Endometrial coil
  - d) Bilateral tubal ligation (tying the Fallopian tubes)
2. Male
  - a) Condom
  - b) Spermicide
  - c) Oral contraceptive pill (not available in Australia)

### What does the procedure involve?

---

The vas deferens is isolated on one side, local anaesthetic injected with a fine needle and a small skin incision is made. The vas is pulled out, a 1-2 cm portion is removed, and the two ends folded over and tied off. Each end is buried in different layers of tissue, and the incision closed with an absorbable sutures. Some surgeons perform both sides through one incision in the middle. However, the vas can be more difficult to isolate this way, and there is a very small risk of tying off the same side twice.

#### Local anaesthetic

**Pros:** Fasting is not required. You may drive to the hospital and back home after.

**Cons:** You will have to lie still for 30-45 minutes. A sharp stinging sensation is felt when the needle enters the skin, and a discomfort can be felt in the groin. This lasts 1-2 minutes on each side. The rest of the procedure should only induce a feeling of pressure or pulling, without pain.

#### General anaesthetic

**Pros:** You are asleep for the entire procedure

**Cons:** You will need to fast (no food or fluids) for 6 hours before the procedure. Post-operatively, the nurses will check your vital signs and manage any reactions to the GA before discharge. You should arrange for someone to stay with you for 24 hours after and cannot drive or operate heavy machinery.

## What are the risks of surgery?

---

### Common (>10%)

Mild discomfort in the groin or scrotum (days to weeks)  
Epididymal cysts or sperm granuloma  
Bruising in the scrotal skin

### Occasional (2-10%)

Bleeding or blood clots  
Infection

### Rare (2%)

Chronic disabling pain >9 months - reversal or removal of epididymis  
Failure resulting in pregnancy 1 in 1000  
Damage to surrounding structures - cord, epididymis, testis  
Anaesthetic or cardiorespiratory problems requiring intensive care  
Association with prostate cancer especially <38yo - unlikely causative

## What should I do before surgery?

---

Have a thorough discussion with your partner about the procedure. Ensure that you are in a stable relationship and do not want any more children.

## What should I expect after surgery?

---

A vasectomy is usually performed as a day procedure. You can go home the same day and use simple pain killers as required. Please wear supportive underwear and take things easy for 2-3 days to allow recovery. Avoid sexual intercourse, swimming and strenuous activities for 2-3 weeks. Please contact Dr Ooi's rooms, the hospital, ward or nurse manager if you have any concerns, such as excessive pain, bleeding, swelling, difficulty passing urine, fevers or feeling unwell. General advice is also available on our website in the Procedures section.

## Clearance

---

**You must continue to use protection or alternative contraception until your surgeon gives you clearance in writing. The vasectomy is not successful until a semen analysis after 3 months shows azoospermia (absence of sperm).** Occasionally, the semen analysis will show a few non-motile sperm that are unable to move. If so, you must continue using alternative contraception and have further tests. The process for "special clearance" takes 7 months.

ASERNIP guidelines for post-vasectomy testing:

<https://nsva.org.au/wp-content/uploads/2020/02/ASERNIP-Post-Vasectomy-Semen-Analysis.pdf>